

**ARKANSAS INSURANCE DEPARTMENT****2003 FORM AID AC FPRF**

1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE: (501) 371-2605
WWW.STATE.AR.US/INSURANCE

ACCOUNTING DIVISION
DUE MARCH 1, 2004

___ ORIGINAL FILING

___ AMENDED FILING

___ REFUND DUE

**ANNUAL REPORT OF PREMIUMS AND TAXES OF AUTHORIZED AND FORMERLY AUTHORIZED
PROPERTY & CASUALTY INSURERS FOR THE FIRE PROTECTION PREMIUM TAX FUND**

NAIC COMPANY CODE (5 digit code)		STATE OF DOMICILE
COMPANY NAME		
MAILING ADDRESS		
CONTACT PERSON		
TELEPHONE NUMBER	EXT	FAX NUMBER
EMAIL ADDRESS		

ONLY FIRST PARTY PROPERTY PORTIONS of premiums written for Arkansas coverages on real and personal property are to be reported as indicated in Column 1, Page 26, of the 2003 Annual Statement for Lines 1, 2.1, 2.2, 3, 4, 5.1, 8, 9, 12, 21.1, 21.2, 22, 26, 27 and 33 only.

ARKANSAS TAX

- | | |
|--|-----------|
| 1. Net Direct Written Premiums, as described above, including policy, membership, and other fees and all other considerations for insurance. | \$ _____ |
| 2. Less Dividends paid/credited to Policyholders on direct business. | \$(_____) |
| 3. Net Taxable Premiums | \$ _____ |
| 4. Tax Thereon at 1/2 of 1 % *FIGURE CANNOT BE LESS THAN ZERO
(Enter this Figure on Form AID AC PC-T Line J (31) Column 1) | \$ _____ |
| 5. Less 2003 Quarterly Prepayments (AID AC FPRF-Q) | \$(_____) |
| 6. Net Payment For Calendar Year 2003 | \$ _____ |

2003 Quarterly FPRF-Q Prepayments

3/31/03	check #	\$
6/30/03	check #	\$
9/30/03	check #	\$

*****PAYMENTS AND REFUNDS*****

1. **MAKE CHECK PAYABLE TO THE FIRE PROTECTION PREMIUM TAX FUND AND ATTACH TO THIS FORM.**
CHECKS FOR GROUPS ARE NOT ACCEPTABLE. PAYMENT MUST BE MADE FOR EACH INDIVIDUAL COMPANY.
2. DO NOT TAKE ANY CREDITS FOR PRIOR YEAR OVERPAYMENTS.
3. REFUNDS WILL BE SENT AFTER THE RETURN IS AUDITED.

AFFIDAVIT

STATE OF _____

COUNTY OF _____

COMES _____ AND STATES ON OATH THAT

HE/SHE IS THE _____ OF _____
(TITLE) (NAME OF COMPANY)

AND THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT AS SHOWN BY THE RECORDS OF SAID COMPANY.

(Original Signature of Officer)

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, ON THIS THE

_____ DAY OF _____, 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____